REMARKS

Claim 7 was objected to for minor informalities. By the present amendment, claim 7 has been modified to obviate the objection. The amendment merely rectifies minor typographical errors and does not serve to narrow the claim.

Claims 6 and 7 were provisionally rejected under obvious type double patenting. This rejection will be addressed if and when a non-provisional rejection is issued.

Claims 1-5 were rejected under 35 U.S.C 102(e) as being anticipated by Linberg. Applicant respectfully traverses the rejection. As the Examiner is well aware, in order to anticipate a claim a reference must disclose each and every element of that claim. Contrary to the Examiner's assertions, the Linberg reference fails to disclose a "medical device manufacturing and supply information management system comprising . . .at least one implanted medical device having specific features, including customized features having customized data sets deployed from a known source, said Web-enabled information network being in bi-directional data communications scheme with a programmer, and the programmer being in data communication with said implanted medical device." As such, the rejection is unsupported by the art and should be withdrawn.

Linberg addresses the automatic generation of an invoice for an IMD after it is implanted by a user, e.g., a hospital. That is, that user may maintain an inventory of IMD's, but will not be billed until it is actually implanted. The Linberg system relies on communication with the IMD to determine when, what and whom to bill. The only disclosure relating to inventory control relates to initiating a request to ship an already manufactured product to the user, whose supplies have now been diminished. Col. 17, lines 1-5. There is no teaching relating to the custom manufacture of an IMD based on data received from an implanted IMD.

The Examiner has stated that Linberg addresses a customized data set at Col. 16, lines 12-15; however, all that is taught there are what are referred to in the present application as the standard data set – information universally applied to every IMD, such as its make, model, serial number, etc. This is not customized information.

The Examiner also indicates that the reference teaches "just-in-time delivery on a build-to-order/build to replenish production scheme" at Col. 16, lines 65-67. What the reference actually states at the cited point is "[i]f the component has been manufactured prior to a specific date, the FDA may prevent implantation of the device." Applicant respectfully questions the Examiner's interpretation of this passage to teach a just-in-time or build to order manufacturing process. As previously explained, this reference does not in fact relate to manufacturing at all. There is no use of the received information to facilitate the manufacture of any device, let alone a device with custom features or programming. As such, the rejection is improper and should be withdrawn.

Claim 6 was rejected under 35 U.S.C. 103(a) as being unpatentable over Linberg. Applicant respectfully traverses this rejection and asserts that for reasons similar to those presented above, the Examiner has failed to set forth a primae facie case of obviousness. However, this reference is disqualified as prior art under 35 U.S.C. 103(c). The present application, serial number 09/775,262 and patent 6,385,593, at the time the present invention was made, were commonly owned by Medtronic, Inc. MPEP 706.02(l).

The remaining claims depend from those addressed above and are allowable for at least the same reasons. The application is in condition for allowance and notice of the same is respectfully requested.

Respectfully submitted,

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Daniel G. Chapik
Registration No. 43,424
MEDTRONIC, INC.
Telephone: (763) 514-3066
Facsimile: (763) 514-6982

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